

20 MAR 2006

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/561261

## CLAIMS AS FILED - PART I

(Column 1)

National Stage Processing  
Patent Specialist  
(703) 285-8421SMALL ENTITY  
TYPEOTHER THAN  
SMALL ENTITY  
(703) 285-8421

| U.S. NATIONAL STAGE FEES         |   |   |                          |
|----------------------------------|---|---|--------------------------|
| BASIC FEE                        |   | SMALL ENT. = \$ 150                       | LARGE ENT. = \$ 300      |
| EXAMINATION FEE                  | Satisfies PCT Article 33(1)<br>(4) = \$ 50 / \$ 100                     | All other situations =<br>\$ 100 / \$ 200 |                          |
| SEARCH FEE                       | U.S. & ISA = \$ 50 / \$ 100<br>All other countries =<br>\$ 200 / \$ 400 | All other situations =<br>\$ 250 / \$ 600 |                          |
| FEE FOR EXTRA SPEC. PGS.         | minus 100 =   | / 50 =                                    |                          |
| TOTAL CHARGEABLE CLAIMS          | 20  | minus 20 =                                |                          |
| INDEPENDENT CLAIMS               | 4   | minus 3 =                                 | - 1                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |   |   | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| RATE         | FEES | RATE       | FEES   |
|--------------|------|------------|--------|
| OR BASIC FEE |      | \$ 300     |        |
| EXAM. FEE    |      | \$ 300     |        |
| SEARCH FEE   |      | \$ 400     |        |
| X \$ 125 =   |      | X \$ 250 = |        |
| X \$ 25 =    |      | X \$ 50 =  |        |
| X \$ 100 =   |      | X \$ 200 = | \$ 200 |
| + \$ 180 =   |      | + \$ 360 = |        |
| TOTAL        |      | TOTAL      | \$ 100 |

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT #                                    | 12/16/00 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|----------|---|----|---|------------------|
|  |          | Total                                     | 20 | Minus                                       | 20               |
|  |          | Independent                               | 4  | Minus                                       | 4                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |          |   |    |   |                  |

| SMALL ENTITY        | OR                | OTHER THAN<br>SMALL ENTITY |                   |
|---------------------|-------------------|----------------------------|-------------------|
| RATE                | ADDITIONAL<br>FEE | RATE                       | ADDITIONAL<br>FEE |
| X \$ 25 =           |                   | X \$ 50 =                  |                   |
| X \$ 100 =          |                   | X \$ 200 =                 |                   |
| + \$ 180 =          |                   | + \$ 360 =                 |                   |
| TOTAL ADDIT.<br>FEE |                   | TOTAL ADDIT.<br>FEE        |                   |

| RATE                | ADDITIONAL<br>FEE | RATE                | ADDITIONAL<br>FEE |
|---------------------|-------------------|---------------------|-------------------|
| X \$ 25 =           |                   | X \$ 50 =           |                   |
| X \$ 100 =          |                   | X \$ 200 =          |                   |
| + \$ 180 =          |                   | + \$ 360 =          |                   |
| TOTAL ADDIT.<br>FEE |                   | TOTAL ADDIT.<br>FEE |                   |

| AMENDMENT #                                    | 8/2/07 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|--------|---|----|---|------------------|
|  |        | Total                                     | 20 | Minus                                       | 20               |
|  |        | Independent                               | 4  | Minus                                       | 4                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |        |   |    |   |                  |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "4", enter "4".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.